

Gym Rat Basketball, Inc.

Registration and Medical Release Agreement

Last Name: _____ First Name: _____

I, as the parent/guardian acknowledge that the above listed participant is in a state of health, which will allow participation in this physically, demanding activity. I grant permission for the staff of Gym Rat Basketball to take whatever action necessary in the event there is an injury or illness for which they may be unable to reach me. I also understand that I must provide the primary medical insurance in the event coverage is necessary. I hereby waive and release Gym Rat Basketball Inc., its officers, agents and employees, City of Santa Rosa School Districts, its Governing Board, officers, agents and employees from any and all liability for any injuries or illness incurred while participating at a Gym Rat Basketball camp, clinic, league, personal training, practice or class. I also understand that any violation of Gym Rat Basketball rules could result in the dismissal of individuals from the event.

Health Insurance Company: _____

Policy No.: _____ Group No.: _____

Date Parent/Guardian Name Signature

Allergic to medicines? Circle one: Yes No

If 'Yes,' please list: _____

Physician: _____ Phone: _____

Assumption of Risk and Waiver

I, _____, as the parent or guardian of, desire to have _____ voluntarily participate in Gym Rat Basketball Inc. programs. I understand these activities present risks of injury and I expressly assume those risks, and waive and release Gym Rat Basketball Inc., its owners, officers, employees, affiliates and agents, City of Santa Rosa School Districts, its Governing Board, officers, agents and employees.

Like all physical activities and exercise, these activities carry inherent risks of injury. By allowing _____ to participate voluntarily in these activities, I expressly assume all associated risks.

I voluntarily agree to allow _____ to participate in these activities at his/her own risk. I completely release Gym Rat Basketball Inc., its owners, officers, employees, agents and affiliates, City of Santa Rosa School Districts, its Governing Board, officers, agents and employees from any responsibility for personal injuries or property loss or damage that may be sustained in the course of or due to these activities.

Date Parent/Guardian Name Signature

Date Witness Name Signature

To: Emergency Medical Staff/Physician

I hereby authorize the staff of Gym Rat Basketball to act for me according to their judgment regarding emergency treatment for my child in the event they are unable to reach me.

Date Parent/Guardian Name Signature

Payment for: League _____ Camp _____

Additional information (optional):

Primary Phone: _____ Other Phone: _____

Street Address: _____ City: _____ ZIP: _____

Primary Email: _____ Other Email: _____

School: _____ School Grade: _____ Date of Birth: _____

Mail to: Gym Rat Basketball • 1816 Palisades Drive • Santa Rosa, CA 95403